

BIBLIOGRAPHICAL NOTICES.

1. *Handbuch zur Erkenntniss und Heilung der Hinderkrankheiten.* Von ADOLPH HENKE. 2 vols. 8vo, third edition, revised and improved. Frankfort on the Mayn, 1821, pp. 771.

We have never seen any work on the diseases of children with which we have been more pleased or instructed, than the one which it is our intention to introduce to the notice of the reader. It is evidently the production of one who has been practically conversant with his subject, and who possesses a mind capable of properly improving his opportunities of observation. The first volume commences with an introduction, in which, among other topics, the author treats of the causes of the great mortality among children. We are scarcely prepared for the following statement of the deaths in the city of Berlin, where of 76,331, born in a period of fifteen years, 40,008 died in childhood. From the statements of Dr. John Clarke, it appears that in London, in thirty-nine years, there died 836,285, of these there were under two years of age 281,408, or nearly one-third. This extraordinary mortality among children is attributed to their peculiar susceptibility, to febrile eruptive diseases, to whooping cough, croup, diseases of teething, hereditary diseases, scrofula, rachitis, defective organization, faulty physical education, and particularly to the difficulty in the diagnosis and treatment of their diseases. The peculiarities of organization of childhood are considered as characterised, 1st, by a greater weakness of the solids, and a disproportionate quantity of fluids; 2d, by a powerful exercise of the process of assimilation, 3d, by the process of evolution. A list of the best works on diseases of children concludes the introduction.

The first section contains directions for the treatment of newly-born children, —the causes of respiration and the circulation of the blood. At the first washing the child, to remove the unctuous matter, (*vernix caseosa*,) which adheres to the surface, he directs warm water with soap; all stimulating lotions are injurious: a little wine may be added if the child is very weak.

The second section relates to bringing up children without the mother. The circumstances which forbid a mother to nurse her child are, 1st, where she labours under any contagious disease, as the venereal, contagious chronic eruptions; &c. 2d, where the mother has a predisposition to consumption, particularly if inherited from her parents; 3d, where there is hereditary tendency to gout, scrofula, rickets, epilepsy, &c. 4th, where there is general weakness of the body or nervous system; 5th, old age of the mother; 6th, high grades of fever or local disease of the breast. Under these circumstances, where a wet nurse must be employed, the directions given, are that she should not be above thirty years of age, have had not more than two children, and have been confined, as nearly as possible, at the same time as the mother, and free from all hereditary, contagious, or acquired diseases. Examination of the milk, to determine the suitableness of a nurse, our author objects to; he says the best re-

commendation of a nurse is to produce a healthy child which she has brought up; her moral character should be inquired into. Particular directions are given for artificial bringing up of children: this mode he considers less injurious than is generally supposed; the great mortality among children artificially reared, is ascribed to neglect of other circumstances.

The third section treats of the dietetic and physical education of children; by this is meant the circumstances necessary for the free development of the mental and bodily powers. 1st, of cleanliness; this is to be preserved by washing the child, daily, with warm water. Our author very properly objects to the habit, which is too prevalent, of immersing the child in cold water, without regard to the state of its constitution: in feeble children, particularly, it is productive of great mischief, and by carrying off the heat, increases the evil it is intended to remedy. 2d. Fresh air.—Under this head, the advantage of daily exercise in the open air is urged with the importance to which it is justly entitled, as contributing in a great degree to invigorate the constitution and stimulate the mind. 3d. Dress.—The quantity and manner of clothing children are minutely given, and particular directions to avoid interfering with the growth of parts by tight bandaging. The remaining subjects of this section are sleep, motion, rest, and covering of the head.

Fourth section treats of the diseases, faulty organizations, and defects of children immediately after birth. 1st. Asphyxia.—An important practical distinction is here made by our author in the treatment of this disease, whether it arises from plethora and over-loaded vessels, or from debility; the first being an apoplectic state, is to be remedied by an immediate division of the cord, and allowing about $\frac{3}{4}$ of blood to escape, the second by placing the placenta in warm water, and stimulating the child. Hare-lip, spina bifida, hydrocephalus, hernias, club-foot, &c. are described in this section.

The fifth section treats of the general and local diseases peculiar to the earliest periods of childhood. Erysipelas is properly attributed to faulty condition of the liver and gall-bladder, and must be treated by attention to the stomach and bowels. Jaundice, induration of the cellular membrane, convulsive diseases, diseases of the digestive organs, flatulency, diarrhoea, vomiting, cholera, &c. The communication of the venereal disease to the fœtus in utero, is maintained by reference to numerous undoubted cases.

The chapter on vaccinia is highly interesting. The appearance of the poek from day to day, are given, and compared with the false poek. The lymph should be used as soon as possible after it is taken and inserted in two or three places and in both arms. The controversy among European writers as to the possibility of small-pox being taken after true vaccination, is stated. The author is inclined to think it cannot. After stating the argument, he concludes by saying, that "whatever opinion one may have of the foregoing controversy, the protecting power of vaccination against small-pox remains unshaken. Measles and scarlatina are treated of, and a particular account of Dr. Cuone's method of cure by cold affusion, is given.

The first volume closes with an allusion to some of the preservative means against scarlatina which have been proposed. Hahnemann's famous drop, which contains the thirty-fourth millionth part of a grain of extract of belladonna, and

which he asserts is an antidote to scarlatina, our author thinks requires further proof.

The second volume treats of inflammatory diseases of the breast, abdomen, liver, neck, ears, &c. A very interesting chapter is given on croup—to American physicians is attributed the credit of giving advantageously large doses of calomel in this and other affections of the throat—particular mention is made of Rush, Kuhn, and Bard. The eighth section treats of asthma and other convulsive diseases. The ninth and last section treats of hereditary diseases—scrofula, consumption, rickets, scurvy, cancer, &c. The work concludes with a valuable set of formulæ for extemporaneous prescription. J. M. P.

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2. *Médecine Légale relative aux aliénés et aux Sourds-muets, ou les lois appliquées aux troubles de l'intelligence.* Par J. C. HOFFHAUEN, Professeur à l'Université de Halle, traduit de l'Allemand, par A. M. CHAMBEYRON, avec des notes par MM. ESQUIROL et ITARD. Paris, 1827, pp. 388, 8vo.

Much as has been written on the mental affections, as connected with the administration of justice, the subject still remains in an unsatisfactory state, and this part of medical jurisprudence appears to have advanced but slowly since the time of Zacchias, many of whose opinions, in cases of real or imputed insanity, evince as well-grounded a knowledge of the morbid alterations of the intellect and hallucinations of mind, as those of any modern writer. There are no points of legal medicine that more absolutely require the assistance and decision of physicians, than those connected with mental diseases. The ideas and opinions of the world, as regard insanity, are extremely vague and erroneous; added to which there is so strong a taste for the wonderful and unnatural implanted in the minds of the multitude, thus exciting their imagination, and leading them to believe that events in themselves perfectly natural, and circumstances easily explainable, are of an extraordinary character, that if suspicion is once generated that insanity may exist in an individual, his most trivial actions are construed into acts of madness, and the slightest excitement of mind, into ravings.

As is observed by Harlam, "patient inquiry and daily communication with deranged persons, and an attentive observation of their habits, confer the means of judging on medical men, and particularly on those who live, for a series of years, solely confined their practice to this department of the profession."

The work under consideration is a valuable addition to the library of the medical jurist, from the immense number of interesting facts it presents, and is rendered of greater utility from the practical notes and cases added by the French editors, particularly those of Esquirol, whose opportunities of observing the insane, have been equal, if not superior to those of any other writer.

This treatise has obtained great reputation in Germany, and although by no means perfect, it presents a greater assemblage of facts and of clear reasoning, than are given in any work in our language; the arrangement, however, of the mental diseases, is too much tinted with those metaphysical and abstract subtleties so prevalent among the writers of that country. Insanity has been divided by most writers into three great classes; that of idiocy or amentia, where there exists a greater or less deficiency of all the faculties of mind;

mania, or an exaltation of these faculties, characterized by acts of violence; and finally melancholy, or a constant and uninterrupted bias of the mind to some one point or idea, whether false or true.

For the purposes of law, that wide-sweeping and indefinite clause, "*non compos mentis*," may be sufficient; as all the law requires to ascertain is, whether such a state of mind exists, as actually to disqualify the person in question from conducting himself with safety to others, or of managing his own affairs, or in fact if he has sufficient understanding to discriminate between good and evil, right and wrong.

The different codes of jurisprudence differ somewhat in their definitions and divisions of insanity.

As regards commissions of lunacy, or where insane persons require to be committed to the care of their friends for the security of their persons and properties, the question in both England and the United States, is *compos mentis* or *non compos mentis*; and in criminal offences, it must be proved that insanity actually existed at the time the act was committed, in order that the alleged criminal should be exonerated from the penalties of the law. M. Chambeyron makes some very pertinent observations on this subject, which should be borne in mind in cases where a plea of insanity is set up.

"This incontestible principle, (that of the state of the intellect at the moment the crime was committed,) has been either overlooked or misunderstood in many tribunals, they having confined themselves entirely as to the state of the accused at the time of trial: this is wholly erroneous, as the state of intellect, at the time of trial, may differ widely from what it was at the time the crime was committed, even if there has been a lapse of only a few hours."

The Roman law only recognises two species of insanity, *menti capti et furiosi*. The Prussian makes the distinction of maniacs and idiots. The French code speaks in various parts of mania, insanity, and idiocy, without, however, determining these divisions.

Mr. Hoffbauer, after speaking of mental diseases in general, enters on the consideration of imbecility; this he thinks differs in many respects from stupidity; but though his arguments and reasoning are extremely ingenious, this division is scarcely susceptible of rigorous examination; he thinks there are five well marked degrees of imbecility, of which he details the symptoms; when it has reached the third there is an almost complete destitution of intelligence, and of course a person thus afflicted would not be accountable for his actions.

The next chapters treat on the different grades of insanity and mania, and although interesting, we are obliged from want of space to pass them over in order to arrive at what we consider as the most important part of the work, namely, on somnambulism, and the deaf and dumb.

The first of these states is of considerable interest in a legal point of view; for although there can be no doubt but that it is a disease of the mind, yet the questions which may arise from actions committed under its influence, have been enveloped in much obscurity. The great points to be established are, whether the somnambulist possesses consciousness of, or is master of his actions, and whether he is responsible for any crime he may commit in such a state. Mr. Hoffbauer is of opinion, that although the somnambulist should be considered as suffering under an aberration of intellect, during an access of his dis-

ease, yet as his malady must be known to him, he certainly is culpable if he does not previously take such precautions as would prevent him from injuring others, and that he is liable for any faults or crimes that he may commit.

The chapter on the legal responsibilities of deaf and dumb is of great value, and is rendered still more so, by the copious and erudite notes of M. Itard; we are, however, unable to present an analysis of it without extending this notice further than our limits will allow. It deserves an attentive and close perusal, and is of especial value, as it draws with precision and clearness the various distinctions to be made between the deaf and dumb in an educated or neglected state.

The remainder of the work is devoted to the consideration of those temporary states of the intellect which may become objects of legal inquiry, such as drunkenness, monomania, &c. M. Esquirol, who has paid much attention to this subject, has subjoined a long and interesting note on monomania homicide, drawn from cases which have fallen under his notice.

The whole work will amply repay a study of its contents, and we should be glad to see a translation of it, that its benefits might be more widely extended.

R. E. G.

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3. *A Manual of Surgical Anatomy, containing a minute description of the parts concerned in Operative Surgery, with the Anatomical Effects of Accidents and Instructions for the Performance of Operations.* By H. M. EDWARDS, D. M. P. Translated with notes, by WILLIAM COLLSON, Demonstrator of Anatomy, &c. London, duodecimo, pp. 427.

The author of this compendium, a physician of Paris, has been very favourably known for some years to medical and scientific men by his microscopical researches on the blood and other constituents of animals, as well as by contributions on various subjects. The work under consideration is one of the numerous manuals which have lately sprung from the French school of Medicine, and bears strongly that impress of science and sound medical knowledge which distinguish such as have come under our perusal.

In this compend the whole body is mapped, and of course artificially, into seventeen regions, each of which is treated of under a chapter. These regions are the superior region of the head—the naso-orbital region—the maxillary—the auricular—the anterior cervical—the posterior cervical—the anterior thoracic—the posterior thoracic—the shoulder—the arm—the hand—the anterior region of the abdomen—the lumbar region—the pelvic—the coxo-femoral—the knee and leg—the foot.

In each chapter the boundaries of a region are first of all laid down according to the idea of the anatomist himself. This is followed by a description of the surfaces, its elevations, its depressions, its shape, the bony prominences concerned in it, in short, all those points of observation which constitute picturesque anatomy, the study of which is so much neglected, notwithstanding the great facility with which it may be followed, and its immense importance to the every day business of the physician. The proper anatomy itself is then entered upon by an account of the thickness and texture of the integuments, afterwards the superficial blood-vessels and nerves. the state of the cellular sub-

stance, whether it be loose or close, abundant or scarce: the fascia, if there be one, comes next, then the shape, origin, and insertion of the muscles, and the direction of their fibres, then the deep-seated blood-vessels and nerves, their course, relative situation to one another, and to the muscles. Without going further into details on this point, it may be stated, that the general rule of description, like that of the great work of Mascagni, the *Anatomia Magna*, is from the circumference to the centre, very much after the order in which the parts would present themselves when exposed by a simple incision. The articulations and bones conclude the anatomical descriptions.

The latter are interspersed with general allusions to the accidents to which the regions respectively are exposed, the pathological changes to which their constituents are subject—and the rules adopted by men of eminence for performing certain operations. We have here and there short historical sketches of operations executed, as for example those on the vertebrae, for relieving the medulla spinalis from compression, beginning with that of the late Mr. Henry Cline—the removal of considerable portions of the lower jaw—the extirpation of the parotid gland—the taking up of the arteria innominata, &c. &c. In regard to the extirpation of the parotid gland, Mr. Edwards speaks like a practised and expert anatomist, who knows what is probable or improbable from the intrinsic evidence of the case. “It is evident that the extirpation of the parotid gland, when this organ has become schirrous, must be an operation extremely difficult of execution. Indeed, it is impossible to do it without opening the external carotid artery, and dividing the trunk of the fascial nerve, which necessarily produces paralysis of the muscles of the corresponding side of the face.”

Out of the number of published cases, where this extirpation is said to have been accomplished thoroughly, there are very few of a character rendered unquestionable by the precision of their anatomical details, and the general credit of the narrators. Such as we are most disposed to put confidence in, have been reported by the late Mr. Bécclard, Professor of Anatomy in the Paris school of Medicine—by Mr. Lisfranc, very advantageously known for his consummate skill as an operator—and by Mr. Kirby, an eminent surgeon of Dublin. It is stated that another, also pretty well authenticated, has occurred in Germany, but we have not seen the report of it.

We concur with Mr. Edwards when he asserts, “that in the greater number of cases the parotid has been supposed to be extirpated when merely a superficial tumour has been removed. In fact, there is generally a lymphatic ganglion situated beneath the portion of the parotid, which extends below the angle of the jaw, and another lodged in the centre of this gland, opposite the spot where the external carotid bifurcates. It frequently happens that these are enlarged, which gives rise to the mistake to which we have alluded.” Moreover, judging from personal observation, the salivary glands are less liable to disease than any other part of the human system: the instances are exceedingly uncommon, excepting the pancreas, where they undergo any pathological change appreciable to the eye; on the contrary, cysts and tumours from the cellular substance connecting their lobules, are by no means so rare, their development pushes aside, compresses, and even causes the partial obliteration of the contiguous gland. These facts were very well known to the late Allan Burns, and

were insisted on by him in opposition to the pretensions of surgeons who were not practical anatomists, who consequently could scarcely appreciate the extent to which their assertions went, and who, on that account, might be excused from the charge of a voluntary departure from veracity. It is every day more and more apparent, that the great avenues to human error, are false observations made under a full assurance of their fidelity, and that the only way to detect them is an acute inquiry into the intrinsic testimony of the facts narrated. The individual whose productions bear this test, must either have told the truth as it is in nature, or else be most profoundly acquainted with his subject, in order to contrive so ingenious a fabrication. We know no class of people who stand more in need of the motto, "*fidem non derogat error*," used by the celebrated Cullen on his tickets, than the class of wonderful operators, and we are disposed on most occasions to extend its charitable provision to them.

As the design of Mr. Edwards' work seems to have been purely to assist the operator on parts of the body within reach of his knife, so very little, indeed almost next to nothing, has been said of the contents of the cranium, of the thorax, and of the abdomen; though their parietes are described with considerable precision. From the unpretending nature of this volume, we can find no objection to its brevity, to the very numerous omissions of important parts in it, and to the want of novelty in its details. We have, however, to comment on one or two points of error: at page 257, it is stated, in the text, that the subcutaneous fat of the mons veneris, accumulates in such quantities "as to form a transverse fold of the skin which covers the groin and external parts of generation, and which, when greatly developed, forms the *tablier* of the Hottentot women." In the *Voyage des Decouvertes aux Terres Australes*, by M. Peron, in which is presented decidedly the best account of this peculiarity; it is evident from the drawings, that the conformation is nothing more or less than the nymphæ in a state of considerable elongation with tumefaction; a condition, specimens of which are constantly met with in the practice of medicine, especially in public women. There is indeed in our possession a copy of the parts executed under the eye of M. Lesneur, the artist, who, in company with Peron, took the original drafts of the far-famed *tabliers* of the Boschismans; and in this copy it is evident that the *tablier* is merely an unusual development of the nymphæ. Again, Mr. Edwards states that the sebaceous follicles constituting the caruncula lachrymalis are united together by a small cartilage. Mr. Edwards' experience here is certainly anomalous; or if by the cartilage he means the membrana nictitans placed along side of the caruncula, he has attributed to it a structure not common, and which, in this country at least, only rarely occurs.

Like all other treatises on surgical anatomy, this one is far from being elementary and suited to the comprehension of the young student. Each picture or region, though its traits are coarse, abounds in a multitude of objects which should be first studied separately and analytically: as it is, descriptive anatomy, views of portions of nerves, of arteries, surgical practice and surgical opinions are exhibited in one and the same panorama. From which it is evident that this useful little volume, though well adapted to the advanced student or to the practitioner, as presenting an outline of anatomy and operative surgery.

will rather embarrass the tyro by presenting to him a very complex picture. The notes of the translator are not very numerous, but, so far as they go, are apposite and good. We find him, however, disposed to perpetuate an error, p. 67, which has crept into the anatomical writings of his countrymen,* on the authority of Petit, we believe. To wit, that the frænum of the tongue might be divided to so great an extent as to cause the point of the tongue to be carried very far back into the mouth, so far indeed as the top of the larynx, and thereby to produce suffocation. He says it is reported of the negroes that they possess very great mobility of the tongue, and when tired of their lives frequently kill themselves by throwing the tongue back into the larynx. To this we may reply that our life has been spent in the midst of a negro population, that we have frequently attended to their habits and diseases, and over and over again dissected them from head to foot, and that their tongues as well as all other parts of their organisation, come precisely within the normal arrangement of the most approved Caucasian model. It is therefore impossible for them, spontaneously, to swallow their own tongues, under any circumstances of grief or dejection of mind, and the clipping of the frænum linguæ with them as with others, must be an insignificant operation so long as the genio-hyo-glossi museles are left untouched.

W. E. H.

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4. *Traité Théorique et Pratique des Maladies de la Peau, fondé sur de Nouvelles recherches d'Anatomie et de Physiologie Pathologiques.* Par P. RAYEN, Médecin titulaire des Dispensaires de la Société Philanthropique, Médecin du Bureau Central des Hôpitaux, Membre-Adjoint de l'Académie Royale de Médecine, Membre de la Société Médicale d'émulation de Paris, de la Société Médicale de Londres, des Sociétés de Médecine de Caen, de Lyon, etc. Paris, 2 vols. oct. pp. 1401, with an Atlas of coloured plates.

This ample treatise shows that the attention which has of late years been directed to the investigation of diseases of the skin, remains undiminished. The opportunities afforded in the Paris hospitals for the study of this department of pathology, are very great. The amount of experience furnished in a single year by the St. Louis Hospital, entirely appropriated to the reception and treatment of patients with cutaneous diseases, is perhaps equal on an average to that afforded by a whole life of private practice. Such vast opportunities for observation, aided by more correct principles of pathology, must necessarily tend to lessen the difficulties which have hitherto involved this branch of medicine.

M. Rayen has adopted the classification of Willan, regarding it as the most exact and methodical hitherto proposed. The chief changes he has made, are the addition to the exterior evidences, which alone served as the ground work of the English writer, of the consideration of conformation, structure, and morbid alterations as diagnostics. By investigating cutaneous diseases, with reference to their anatomical and physiological relations, he thinks it becomes more easy to ascertain their precise nature, so often left undetermined by Willan and others.

The description of the affection styled *dartre squameuse*, has, he says, been composed of an assemblage of some of the symptoms of lepra, psoriasis, lichen

* See Anatomy of the Human Body, by John and Charles Bell.

agrus, and chronic eczema; that denominated *dartre crustacée*, of the symptoms of ecthyma, rupia, and impetigo. Other discrepencies are mentioned.

Bateman has represented an eczema of the ear under the name of *porrigo*. He has likewise admitted a *porrigo furfurans*, which M. Rayer observes he would not have done, if he had sought out the characteristics which distinguish this pretended affection from psoriasis or from the lichen *agrus* of the scalp. The employment of terms having an indefinite sense, has doubtless occasioned some obscurity. One writer, says M. Rayer, will speak of a tubercle, when he only means an incrustation, whilst another will treat of a squamous plate under the name of pustule.

Of all authors who have hitherto written upon diseases of the skin, M. Rayer unhesitatingly concedes to Willan the credit of having given the most accurate descriptions. In acknowledging the great difficulty he has met with in making an accurate arrangement of the phlegmasiæ, some of his views relative to this class are thus set forth.

“I have designated the most frequent complications of cutaneous diseases. In treating of each one, I have set forth the accidental phlegmasiæ which most frequently occur during their course. I have not spoken of the complications of acute diseases of the skin with continued fevers, the existence of which, as morbid individualities, I do not admit. But, I have reported some observations upon cutaneous phlegmasiæ complicated with intermittent fever, with respect to the seat and nature of which I have, in conjunction with several distinguished physicians, set forth a different opinion. I have shown by examples, how certain diseases of the skin appear to alternate with inflammation of the viscera or their membranes, and how one may be led to suppose that the first are converted into obstructions or internal engorgements, whilst these last becoming more intense, lead to the disappearance of the affection of the skin.”

M. Rayer speaks slightly of the anatomical researches hitherto made, for the purpose of acquiring a better knowledge of the structure of the altered integuments. But more recent ones have, he says, furnished him with valuable characters for the definitions of the forms of phlegmasiæ. In the history of measles, erysipelas, variola, scald head, purpura hæmorrhagica, ichthyosis, and some others: he states that he has furnished anatomical details, which perhaps have never before been presented with as much accuracy.

M. Rayer alleges against the splendid coloured engravings with which Willan and Bateman, and Alibert, have illustrated cutaneous diseases, that many of them offer the characteristics of only one of the periods of the inflammations they were destined to represent. Thus, he says, it has happened that a disease described as *pustular*, has been drawn in the *squamous* stage, whilst another of the same class has been represented as tuberculous. To remedy such defects in his own plates he has carefully depicted the primitive forms of the inflammations, together with the successive alterations, taking his originals either from nature or the best engravings that have been published. His figures are not given of the natural size, but their number in a great degree compensates for this. There is besides, this important advantage attending his plan, that the book is far less costly, and therefore more accessible to the profession at large, than the highly embellished and very expensive works which have of late years been published.

M. Rayer attributes a large proportion of the chronic affections of the skin, to want of cleanliness, or other agents having a direct tendency to irritate the skin. Willan thought the former the most frequent source of cutaneous diseases among the lower classes of the inhabitants of London. Large cities having dense populations associated with great poverty, doubtless afford the greatest encouragement to the production and propagation of cutaneous diseases; and hence we believe we are either partially or altogether exempt, on this side of the Atlantic, from many of those disorders which appear to be frequent in older countries. A general and easy access to baths should be encouraged by the municipal authorities of every city. In France this important object has received great attention, inasmuch that the poor possess the same advantages from the public institutions for the administration of baths, which the rich can only aspire to in other places. The number of gratuitous baths exhibited at the hospitals St. Louis and La Charité, is prodigious. In 1822, there were 127,752 employed in the external treatment at the St. Louis alone.

In relation to the general treatment of cutaneous diseases, M. Rayer thus expresses himself: "The regimen adapted to acute diseases is likewise applicable to a variety of inflammatory affections of the skin. A habitual and very great attention to cleanliness in dress; a diet consisting of white meats, fresh vegetables, mellow and watery fruits, contribute powerfully to confirm the effects of the medicinal treatment. A milk diet persevered in for a long time by persons affected with chronic and severe inflammation of the integuments, has sometimes effected a cure, sought in vain from pharmaceutical preparations apparently the best adapted to the case. Broths, made of veal, chicken or frogs, are suitable under the same circumstances, and may be well substituted for those of the tortoise and viper, now well understood to possess no other special advantage than those with which they have been invested by the credulous and superstitious." But although the antiphlogistic regimen is most frequently called for in the treatment of cutaneous affections, still the tonic and invigorating measures are often demanded.

M. Rayer, places great reliance upon the remedial agents applied externally, as acting directly upon the organ affected. *Local bleedings* now so much in vogue, he says are generally found most useful in the treatment of acute diseases of the skin, such as erysipelas, scarlatina, variola, rubecola, etc. The chronic disorders in which he has occasionally found them serviceable, are eczema, impetigo, psoriasis *guttata*, etc. In both acute and chronic inflammations of the skin, it is useful to employ bleeding with young persons of vigorous constitutions, and as often as the inflammation is general or accompanied with much pain.

Next to these means, he speaks of the advantages to be derived from the use of baths, either simple, or consisting of a decoction of bran, or other substances of a gelatinous, oily, or mucilaginous nature. To be most serviceable these baths should be temperate; for if taken too warm and continued too long, they rarely prove serviceable when the skin is inflamed. Cool bathing is useful in a great variety of chronic and obstinate affections. He speaks favourably of the effects derived from the cool baths imbued with narcotics employed in chronic and painful cutaneous inflammations. Of sea-bathing he speaks more from the experience of others than from his own. Baths made in imitation of sea water, are in repute at Paris.

Vapour baths are found extremely useful in a multitude of disorders. They are more especially so in recalling certain inflammations to the skin, in removing scales and incrustations, and exciting the circulation in those parts of the integuments upon which they may be directed.

M. Rayer, does not place that reliance upon sulphur as a remedy for diseases of the skin, which has been so generally bestowed upon it by others. In fact, it has been so much regarded in the light of a specific for this class of ailments, that its use has been regulated almost entirely by empirical notions. An active remedial agent placed under these disadvantageous circumstances, must necessarily, sooner or later, come into discredit. M. Rayer speaks of the various natural and artificial sulphurous water baths, particularly adapted to certain affections. He thinks that the advantages of the sulphurous fumigations have been overrated, as they "not only," he says, "irritate the skin, like all other sulphurous preparations, but produce syncope, suffocation, &c." effects which we think should never occur under a judicious administration of them. "Sulphurous lotions and ointments have," he says, "analogous properties." This article has, most unquestionably, been employed, both externally and internally, with too little regard to general principles, which is sufficient to account for its often having proved mischievous. When, however, it shall assume the place assigned by a rational doctrine, it will doubtless occupy a high station among the remedies for cutaneous affections.

M. Rayer states that the inconveniences occasioned by the salts and oxides of lead, have been greatly exaggerated, and recommends them as often useful in moderating certain inflammations of the skin, attended with morbid secretions. The preparations of zinc are recommended under similar circumstances.

Mercurial lotions, baths, and fumigations, have, he says, not only been employed with success against the syphilitic, but likewise in some other chronic affections of the skin. The protochloruret of mercury, (calomel,) and the deutoxide, (red precipitate,) enter into the composition of almost all the *anti-herpetic* ointments, comprised in the various formulæ. Acidulated, saline, and alkaline lotions, as well as liniments with the addition of prussic acid, have been recommended in such affections as impetigo, gutta serena, etc. but further experience is wanted to confirm their utility.

Successful trials, he says, have been made to excite into greater activity certain inflammations of the skin, occurring in scrofulous habits, by stimulating them with hydriodated ointments. Advantageous results have been obtained from a combination of iodine and mercury, in the treatment of syphilitic tubercles and ulcers. The effects of mixtures endowed with such extreme activity, should be attentively watched.

Upon the subject of vesicatories and cauteries, often prescribed as derivatives in various chronic local inflammations of the skin, he remarks that they are constantly injurious in the general inflammation of the integuments.

Of the great number of internal medicines which have been employed in the treatment of cutaneous affections, our space permits us to notice but a few. Some of these, says M. Rayer, possess only negative properties. Such are the decoctions of barley, dogs-grass, (chiendent,) liquorice, etc. Others, such as the saline purgatives, calomel, diluted acids, appear to act by producing a transient revulsion upon the intestinal canal. Some have the reputation of *specifics*, the mercur-

rial preparations, for example, when administered in syphilitic affections, to which they are doubtless extremely well adapted when judiciously administered.

The advantages to be expected from the preparations of gold, and the carbonate of ammonia, are very uncertain. Still more equivocal are the virtues attributed to sarsaparilla, scabius, bardana, patience, hedge-hysop, bittersweet, sumach, bark of the elm, the nettle, the expressed juices of horse-radish, scurvy grass, etc. The only thing which appears demonstrated in regard to these substances, is, that they have sometimes been successfully employed, and may be considered as having a general favourable action against those chronic affections of the skin, vulgarly designated under the name of *tellers*.

The preparations of antimony and sulphur have been extensively prescribed in affections of the skin, usually in combination with other substances of less activity. The obstinate resistance made by some of these disorders, to external treatment, has led to the internal use of the arsenical preparations. Although experience has shown that affections of the skin which have resisted a multitude of other remedies, have yielded to their employment in a few weeks, it is nevertheless certain that in other cases they have been unsuccessfully exhibited for several months. He applies the same remarks to the tincture of cantharides, and thus concludes his observations upon both of these medicines. "It must not be concealed, that however skilful the physician who administers these active remedies, it may happen that the digestive organs shall become secretly the seat of chronic inflammations, the development of which will sooner or later take place. For, if the salutary action of these remedies only evince itself upon the skin, after its use for several months, may not the mucous membrane of the digestive organs become altered, in a manner so gradual and secret as not to be perceptible from external symptoms? For myself, I ardently desire that experiments made in another direction, may substitute for these energetic remedies, some external means, more direct, more rational, and less dangerous." G. E.

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5. *A Memoir on the Diagnostic Signs afforded by the Use of the Stethoscope in Fractures and in some other Surgical Diseases.* Translated from the French of Professor LÉFÈVRE, with Notes and Additions by J. R. ALCOCK. London, 1827, pp. 46, 18mo. With a plate.

We do not belong to that class of individuals who run after every novelty—who believe the assertions of the discoverer are a sufficient guarantee for the value of what he has disclosed—and who, in their enthusiasm at a single success, place no limits in their imagination to the extent and importance of a discovery. On the contrary, we are disposed to view novelties in medicine with an eye of skepticism—to submit them to the severe scrutiny of reason and experience—and to satisfy ourselves of their value by numerous trials, before admitting their utility. Even at the risk, however, of being charged with having laid aside our usual caution in the present instance, or of not possessing the prudence we ascribe to ourselves, we do not hesitate to assert, that the stethoscope ranks among the most valuable acquisitions to our science, and that the extent of its usefulness is as yet far from being ascertained.

It is true, a complete practical acquaintance with mediate auscultation, is to be attained only after numerous trials, long experience, and persevering employ-

ment and study of the stethoscope. Those of the profession who have arrived at that age when it is disagreeable to *learn*, it can, therefore, hardly be expected will appreciate this method of diagnosis—the idle and careless, those who are unwilling to bestow the labour and attention necessary to understand it, will of course pronounce it useless and deceptive. But the industrious and ardent cultivators of medical science, those who wish to practice their profession conscientiously, and who think no labour too great, that will enable them to advance their profession, and alleviate the miseries of their fellow creatures—these will never regret the pains they may have bestowed on the study of auscultation, or be willing to forego the great advantages that it affords.

The stethoscope was first applied by Laennec to the elucidation of diseases of the chest, but its usefulness is not limited to those affections, M. Kergaradec has already made a happy application of it in doubtful cases of pregnancy. Laennec himself has recognised dropsies and internal aneurisms by means of it, and shown it to be of great use in verifying doubtful fractures and stone in the bladder.

M. Lisfranc, the eminent surgeon of La Pitié, in the interesting little work, the title of which stands at the head of this article, has, in addition to some highly important observations on the use of the stethoscope in fractures, added some new researches “on the diagnosis of biliary calculi, of extraneous bodies in the human system, in cases of dropsies, tympanites, caries of the bones, necrosis, or dead portions of bone, and, in fine, in cysts which contain bodies similar to the seeds of a pear or melon.”

With respect to fractures, M. Lisfranc asserts, that except occasionally in those of the bones of the head, there are no longer any doubtful fractures. The crepitation may be heard by the aid of the stethoscope, when the slightest movement is produced, no matter how great may be the tumefaction. We need not dwell on the difficulty of distinguishing some fractures from dislocations, or the extreme pain that is often necessarily inflicted on our patients by the usual methods of diagnosis; the former is removed, and the latter avoided by the use of the stethoscope.

M. Lisfranc lays down the following rules for the application of this instrument:—

“1. When we apply the stethoscope upon the fracture, it is almost a matter of indifference whether the end or plug be made use of or taken out; but in proportion as the instrument is moved from the fractured point, the crepitation becomes more distinctly heard when the end is removed from the instrument.

“2. The more superficial the bones are, the stronger is the crepitation, slight movements are sufficient to produce it: it is more sensibly heard upon the fracture. Now, we not only prove the fracture of the bone, but further, we mark its place with precision. To know well this place, it is indispensable that the movements given to the broken portions should always be the same.

“3. The crepitation is less distinguishable in proportion to the distance from the fractured point, although in some instances it may be heard at distances nearly inconceivable to those who have not made experiments; in which case it must be observed, the crepitation is required to be rather loud.

“4. When a fracture exists with overlapping, the crepitation is less easily ascertained; if to an ear but little exercised, it should not appear very distinct, it would be easy to render it stronger, after having employed slight extension and counter-extension of the limb.

multipled surfaces, which rub one against the other; noise equally perceptible on the outer and inner side of the leg, very distinctly perceived as far as the middle of the vertebral column, but diminishing in proportion as the distance from the fracture is increased.

Longitudinal fracture of the patella is so difficult to be proved, that authors have scarcely mentioned its signs; with the stethoscope, a crepitation, more sensible upon the fractured point, is perceived on the slightest motion. In *transverse and oblique fractures of the patella*, the slightest movements, says Mr. L. will produce distinctly the ordinary crepitation of spongy bones. It is very necessary here to distinguish the crepitation from the sensation produced by the rubbing of the articular surfaces.

In *fractures of the thigh*, the crepitation is always heard more distinctly at the situation of the fracture than any where else, but it is according to M. L. perceptible through the whole extent of the limb, on the iliac crest, upon the abdomen, on the spine, and even upon the scaput. It is perceptible upon the thorax, in which case, to the noise of respiration, deep, dull, and distant sounds are added.

The diagnosis of *fractures of the neck of the femur* is extremely difficult, and has perhaps occasioned as many mistakes as that of any disease. All difficulties however vanish when the instrument of M. Laennec is employed. "If we give," says our author, "slight movements to the limb, the crepitation is perceived; it appears as strong upon the anterior part of the iliac crest as upon the anterior region of the hip-joint. It is very remarkable upon the patella, and may be heard the whole length of the leg." M. L. adds, "the separation of the epiphysis of the head of the femur, the depression of the acetabulum, observed by Ludwig, ought to furnish a particular noise. I have no experience on these facts; I point them out to the attention of practitioners."

"I have long since said," remarks M. L. "that by touching the points of the *bones of the pelvis*, which are reached by introducing the finger into the rectum and vagina, we could better prove their fracture; but notwithstanding these means of investigation, some of these cases may be doubtful. Whenever the fragments admit of a little mobility, the stethoscope will inform you that there is fracture, and will indicate what part is the seat of it."

In *fractures of the radius*, we can perceive with the stethoscope the slightest crepitation, "which is more sensible on the place of the fracture. If we place the cylinder on the point of the wrist, diametrically opposite the solution of continuity, the noise is less than in the whole length of the radius: we hear it, however, as far as upon the humerus. "If we move the radius alone when it is fractured, we hear the crepitation; but if movements be executed afterwards only by the ulna, when that bone presents no fracture, there is no crepitation. This rule is equally applicable to the tibia and fibula.

"The rules which we have just indicated for the radius may be followed for the fracture of the ulna."

In fractures of both bones of the forearm, the crepitation is "more distinct upon the fractured point, as distinct on the inside as the outside of the limb: it may be heard as far as the superior part of the sternum, and its head. As in the leg, the crepitation gives the sensation of numerous surfaces rubbing against each other.

Fractures of the olecranon, when there is tumefaction of the soft parts, cannot be satisfactorily ascertained. This may, however, always be effected with the stethoscope; "the crepitation is more sensible upon the fractured place, more distinct upon the ulna than the radius, and easily perceived upon the anterior part of the joint."

In *fractures of the body of the humerus*, crepitation is "more sensible upon the fractured place, less distinct upon the forearm and upon the superior part of the humerus, scarcely perceptible on the upper part of the chest, and on the side of the head corresponding to the disease."

Fractures of the neck of the humerus have been confounded not unfrequently with luxation. M. Lisfranc says that it is too easy to appreciate the crepitation by means of the stethoscope, for this mistake to be committed in future. "The crepitation is more distinct on the fractured point, less upon the fleshy part of the shoulder, a little less on the sternal extremity of the clavicle and upon the superior part of the scapula, much less towards the fork of the sternum and the inferior angle of the scapula, little marked at the larynx, distinct the whole length of the limb."

In *fractures of the clavicle*, "the crepitation is more sensible on the place of the fracture, it may be heard the whole length of the limb, and upon the sternum; it is very distinct on the top of the shoulder, on the superior part of the scapula, and on the larynx; it is very perceptible on the inferior angle of the scapula, it is confused or indistinct on the lateral parts of the chest and on the middle of the spine."

In *fractures of the ribs*, M. L. remarks, "the inflammatory or œdematous tumefaction, the serous infiltration, or great degree of fulness, render the diagnosis of these fractures extremely obscure; of this we have often assured ourselves at the *Bureau Central* of the hospitals. The rather strong pressure that we are obliged to make on the ribs to assure ourselves of their fracture, join to the danger of wounding the intercostal artery the still greater danger of forcing the fragments inwards, and tearing the pleura and deeply injuring the lungs. Mediate auscultation prevents all these serious inconveniences to the patient. It furnishes a crepitation ordinarily dull or hollow, distinct from all those of the chest, and similar to the noise which the bottom of a hat makes when alternately depressed and raised. Sometimes the ordinary crepitation of bones is perceived."

Fractures of the scapula, both longitudinal and transverse, are difficult to recognise—"the stethoscope always enables us to hear the noise resulting from the mobility of fragments; it resembles that which two pieces of thin wood, the edges of which are slightly bevelled, sliding one upon another, would produce."

When there is considerable tumefaction, the surgeon may be much embarrassed in ascertaining *fractures of the acromion*—the cylinder removes this difficulty. On moving the scapula, the crepitation is very distinct, and perceived over the whole extent of the scapula and arm: it is obscure on the sternum.

Fractures of the vertebrae have been often confounded with their luxations. M. L. asserts that "the slightest movements suffice to make the crepitation distinguishable by means of the stethoscope. It is always more distinct on the fracture, and ordinarily is only heard at a short distance from this point."

When there is tumefaction without displacement, mistakes are often made in *fractures of the jaw*; they may be distinguished, according to M. L. in every in-

stance by the aid of the stethoscope. The crepitation will be always more sensible over the place of fracture: it may be heard all over the head, and even upon the larynx.

It is unnecessary to remark how difficult it often is to ascertain fractures of the skull; M. Lisfranc says that whenever the fragments submitted to pressure allow of a slight degree of motion, he is convinced by trials made upon animals, that the stethoscope will enable us to hear the crepitation, and will even indicate the place of the fracture."

In fractures of the condyles of the humerus and femur, of the malcolus internus, &c. the stethoscope furnishes the noise of the crepitation of spongy bones, combined with that of the sliding of articular surfaces upon each other.

There are some fractures not particularly noticed, as the general rules laid down, apply to them.

"No one is ignorant," observes M. Lisfranc, "that the illustrious Desault himself mistook a fungous tumour of the bladder for a calculus: it is also evident that patients have sometimes undergone the operation when no stone has been found. I believe that the stethoscope will put us beyond the fear of this misfortune for the future. That it may furnish more distinct sensations, we apply it, with the plug removed, upon the body of the pubes, and on the posterior part of the sacrum; then if the catheter be introduced into an empty bladder, and it contains no calculus, the regular movements that are given to this instrument enable us to hear sounds, which resemble those of a forcing pump put in action.

"The sounding instrument sometimes produces in the bladder, containing little urine, the noise of the saliva agitated in the mouth; but whenever there exists a calculus, one hears a kind of clicking, or slight shock, extremely distinctly; or rather sounds similar to those afforded by the action of a file on a hard body. The slightest movements given to the catheter, give the last sensation which we have just mentioned.

"We have placed soft parts in the bladder, and the cylinder has not furnished us with other sounds than those we have indicated when the bladder is empty, or when it contains little urine. Professor Serres, who was good enough to assist in our researches, was, as well as ourselves, convinced of the fact."

There are no characteristic signs by which the existence of *biliary calculi* can be known: M. Lisfranc thought that the stethoscope might enable us to recognise them, and he tried a number of experiments, but without success; in a subject, however, the liver of which extended slightly beyond the ribs, pressure made upon and around it occasioned a noise similar to that of little stones closely packed, sliding the one upon the other; the autopsy showed three little biliary calculi.

In tympanites "when the stethoscope is applied upon the abdomen, and we tap lightly the walls of this cavity, we perceive a noise perfectly similar to that of a drum heard from a great distance."

M. Laennec has recognised ascites by the stethoscope. Mr. Alcock remarks that "when there is great distention of the cellular membrane in *anasarca*, the fluctuation is distinctly perceptible by the stethoscope: care must therefore be taken to avoid error in the diagnosis, lest the operation of tapping should be performed unnecessarily. In *ascites* the fluctuation is still more distinct."

When there is only a small quantity of fluid in the joints, its existence cannot

be readily ascertained by the ordinary examinations, but upon applying the stethoscope the shaking of the fluid may be heard.

In *hydrocephalus* when the fontanelles are still in existence, or if there be any separation of the sutures, the cylinder will furnish a sensation like that of the shaking of fluids. The same sensation will also be perceived in *dropsy of the spine* when there is separation or destruction of the posterior part of the vertebral column.

Hydrocele, hernia, and the enlargements of the testicle are often extremely difficult to be distinguished. Mr. Alcock has by means of the stethoscope, been enabled to decide that cases of disease, supposed to be of the testicle, in which, from their long continuance, the coverings had become so much thickened as to preclude the usual test of transparency, were instances of hydrocele, and not of disease of the testicle. By placing the stethoscope upon the swelling, and tapping or gently striking the opposite side, as by a slight flirt with the finger, the fluctuation is distinctly perceptible to the ear.

"In diseases of the testicle the sound is dull and scarcely audible. The same in omental hernia; whilst in large scrotal hernia, containing intestine partly distended with air, the tympanitic sound is readily perceived.

If the existence of extraneous bodies in the ears, nostrils, pharynx, œsophagus, rectum, vagina, uterus, and in wounds, cannot be proved by known means, the probe and the stethoscope will easily make them perceptible, if the bodies be sufficiently sonorous.

Professor Laennec has obtained important data from his stethoscope, to establish the diagnosis of internal aneurisms. M. Lisfranc intends hereafter to publish a memoir on this subject.

6. *Coup-d'œil sur les Maladies les plus importantes qui règnent dans une des îles les plus célèbres de la Grèce, ou topographie médicale de l'île de Leucade, ou Sainte-Maure.* Par ALPH. FERRARA, M. D. &c. Paris, 1827. 8vo. pp. 68.

Dr. FERRARA was physician to the English army, and to the Hospital of St. Maure, and resided seven years in the Ionian Islands. In the present work he has given a brief sketch of the topography and prevailing diseases of St. Maure, and intends hereafter to treat of these subjects more at large.

The small island of Leucadia, so well known to every classical scholar, is about thirty miles in length, by fifteen in breadth; is situated near Actium, and appears to have been formerly united to the main land: it contains about sixteen thousand inhabitants: its climate is rendered unhealthy by the constant humidity of the air, the great heat of the summer, and above all, by its numerous marshes. The combined effects of these agents are strikingly visible in the inhabitants, who are in general pale and feeble, and extremely liable to affections of the abdominal viscera.

The prevalent diseases as mentioned by our author, are tetanus, peripneumonia, tubercular consumption, scrofula, ophthalmia, colitis, intermittent fevers, and scurvy. Scrofula is endemic. Intermittent fevers are the great scourge of the island, inducing engorgements of the abdominal viscera, ascites, &c. Scurvy is also endemic; our author denies that the great cause of this disease is the constant use of salted provisions, and adduces as evidence of the correctness of his opinion, the fact, that the Russian peasants who, for a great part of the year live on salted meat alone, without any vegetables, are rarely if ever attacked by it.